

2004 NHAP PRECEPTOR TRAINING REGISTRATION FORM

SECTION I

PLEASE PRINT CLEARLY IN INK OR TYPE

NAME (LAST)	(FIRST)	(MIDDLE)	NHA LICENSE NUMBER
ADDRESS (STREET AND NUMBER)	(CITY)	(STATE)	(ZIP CODE)
HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER	SOCIAL SECURITY NUMBER (Required – See 2 nd Side)	
FACILITY NAME	FACILITY TELEPHONE NUMBER	FACILITY FAX NUMBER	
FACILITY ADDRESS (STREET AND NUMBER)	(CITY)	(STATE)	(ZIP CODE)

SECTION II

Which address do you want your Preceptor correspondence sent to? ☐ Home ☐ Facility ☐ Other (Complete below)

ADDRESS (STREET AND NUMBER)	(CITY)	(STATE)	(ZIP CODE)	(PHONE)
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Which address/phone would you prefer to be on the Preceptor Public List? ☐ Home ☐ Facility ☐ Other (Complete below)

ADDRESS (STREET AND NUMBER)	(CITY)	(STATE)	(ZIP CODE)	(PHONE)
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SECTION III

CHECK APPROPRIATE BOX THAT SPECIFIES AT THE TIME OF THIS APPLICATION WHY YOU QUALIFY AS A PRECEPTOR DEFINED IN HEALTH AND SAFETY CODE 1416.57

- ☐ Have an active administrator license in California and have served at least two years as the designated administrator of a licensed California nursing home. Not on probation, have no disciplinary actions pending, and the facilities overseen have/had a continuous operating history free from major deficiencies during my tenure.
- ☐ Have an active administrator license in California and have served at least four years as the designated Assistant Administrator of a licensed California nursing home. Not on probation, have no disciplinary actions pending, and the facilities overseen have/had a continuous operating history free from major deficiencies during my tenure.

SECTION IV

Since you last renewed your license, have you been convicted of or pled nolo contendere to any violation of any law in any state, the United States or a foreign country? You must disclose all misdemeanor and felony convictions (including but not limited to civil, welfare, health and safety vehicle or penal code convictions) and any conviction that has been dismissed (under section 1203.4 of the penal code.) ☐ Yes ☐ No

The NHAP has my current facility and address information on file (If not, you must submit a NHA Profile Sheet with this application).
☐ Yes ☐ No

SECTION V

TRAINING SESSION YOU WISH TO ATTEND: ☐ 2/26/04, (San Diego), **FFD 2/01/04** ☐ 10/07/04, (Sacramento), **FFD 9/15/04**

REQUIRED INFORMATION TO ATTEND PRECEPTOR TRAINING

DID YOU REMEMBER TO

- ☐ Include check or money order for **\$100.00** payable to the Nursing Home Administrator Program (NHAP) (\$75.00 certification fee and manual, and a \$25.00 application fee.)

*I understand that false or misleading answers are grounds for automatic denial of my application. I also understand that if my application is denied, I will not be allowed to attend the preceptor training and NHAP will notify me in writing. **All fees paid are non-refundable.** I acknowledge that the foregoing information on this application is accurate, true and correct.*

SIGNATURE OF APPLICANT _____

DATE _____

Please submit Preceptor Training Registration form with a check or Money Order (\$100) make payable to NHAP on or before the Final Filing Date to:

NHAP
P.O. Box 997416, MS 3302
Sacramento, CA 95899-7416

HOW TO COMPLETE THE APPLICATION FOR PRECEPTOR TRAINING

- SECTION I Complete this section. All information requested is required.
- SECTION II Complete this section. Indicate the specific address information.
- SECTION III Check the appropriate box that qualifies you to participate in the training.
- SECTION IV Check the appropriate box indicating response for conviction statement and NHA Profile Sheet.
- SECTION V Check the box indicating which training session you plan to attend. Sign and date the form

IMPORTANT INFORMATION

- Registration and fees must be received by the NHAP by final filing date for processing (See Section V). Applications received after the application deadline will be denied. Fees submitted are **non-refundable**.
- 8 hours of continuing education credit will be granted for attending the Preceptor Training.
- Preceptor certificates must be renewed every three (3) years from issuance date.

REGULATIONS THAT GOVERN THE NURSING HOME ADMINISTRATOR PROGRAM

Health and Safety Code, Section 1416, Nursing Home Administrator Program.

FOR OFFICE USE ONLY

Check/MO NO. _____	AMOUNT _____	INITIALS _____
Issue Date _____	Expiration Date _____	Session Date _____
CF# _____	PRE# _____	CE# _____